ATTACHMENT 3: Equipment Budget and Justification

Complete this form for each site that you are requesting grant funds.

Name of School District or COE	Name of Site

Equipment must be prorated according to your calculations in Attachment 2

- 1. If the equipment you are requesting funds for will be used in only the SBP **or** the SFSP, you may request 100% of the total cost of the equipment.
- 2. If this application is for a SBP grant, and the equipment you are requesting funds for will be used in the preparation of meals for both NSLP and SBP, you may request 50% of the total equipment cost.
- 3. If this application is for a SFSP grant and the equipment you are requesting funds for will be used in the preparation of meals for any combination of NSLP, SBP, and SFSP you must prorate costs by calculating the percentage of operating days for each program as determined in Attachment 2. Refer to the example in Attachment 6 for assistance in determining your percentage.

A.	Equipment/Alteration/Installation:			Percent of use per program:			SBP:	NSLP:	SFSP:		
	How does this equipment/alteration/installation support the initiation or expansion at this site?										
	Full cost: \$	X	% used		=	Prorate \$	d cost		CDE USE Approved		
B.	Equipment/Alteration/Installation:				cent of use SBP: NSLP: program:			NSLP:	SFSP:		
	How does this equipment/alteration/installation support the initiation or expansion at this site?										
	Full cost: \$	х	% used		=	Prorate \$	d cost		CDE USE Approved		
C.	Equipment/Alteration/Installation:				rcent of use program:		SBP:	NSLP:	SFSP:		
	How does this equipment/alteration/installation support the initiation or expansion at this site?										
	Full cost: \$	Х	% used		=	Prorate \$	d cost		CDE USE Approved		
D.	Equipment/Alteration/Installation:	ipment/Alteration/Installation:			Percent of use SBP: NSLP: per program:			SFSP:			
	How does this equipment/alteration/installation support the initiation or expansion at this site?										
	Full cost \$	X	% used		=	Prorate \$	d cost		CDE USE Approved		
Full Cost Total \$			Prorated Cost Total \$				CDE USE Amount Approved: \$				

Nutrition Services Division SBP & SFSP Startup and Expansion Grants - Round 14